

FILED DEC 16 1950

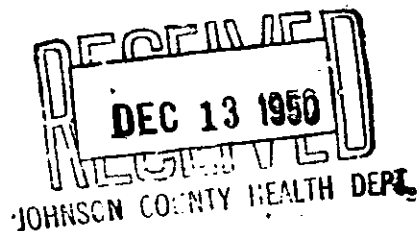
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41306

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Warrensburg.</u>		c. LENGTH OF STAY (in this place) <u>19yrs</u>		c. CITY OR TOWN <u>Warrensburg.</u>		d. STREET ADDRESS (If rural, give location) <u>East Gay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 E. Gay Street</u>				d. STREET ADDRESS (If rural, give location) <u>East Gay</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Wheeler.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1950.</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>13, Sept. 1867.</u>	
9. AGE (in years last birthday) <u>83.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph C. Wheeler.</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Clara M. Wheeler.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara M. Wheeler. Warrensburg, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4.8 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>10 yrs</u> DUE TO (c) <u>Renal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov. 8</u> , 19 <u>48</u> , to <u>Dec. 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 8</u> , 19 <u>50</u> , and that death occurred at <u>11:10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. M. Sweeney</u>		23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>12-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10, Dec. 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>J. M. Sweeney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips. Warrensburg, MO.</u>			



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed Leo P. McGuirk

Signed.....
Student Embalmer

Licensed Embalmer No. 4807

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.